

**CRITERIA FOR PRIOR AUTHORIZATION**

Lemtrada® (alemtuzumab)

**PROVIDER GROUP:** Pharmacy  
Provider

**MANUAL GUIDELINES:** The following drug(s) require prior authorization:  
Lemtrada® (alemtuzumab)

**CRITERIA for Lemtrada:** (must meet all of the following)

- Patient must have a diagnosis of multiple sclerosis
- Patient must have a relapsing form of multiple sclerosis
- Patient must be 17 years of age or older
- Must be prescribed by or in consultation with a neurologist
- Patient must have had an inadequate response to two or more drugs indicated for the treatment of multiple sclerosis (example of drugs: an interferon, natalizumab, mitoxantrone, or glatiramer)
- Patient must not have human immunodeficiency virus (HIV)
- Patient must have the following lab tests completed prior to initial approval:
  - Complete blood count
  - Serum creatinine level
  - Urinalysis with urine cell counts
  - Thyroid function

**Prior authorizations will be approved for 1 year**